



## Electronic Recording Delivery System FAX Transmission Cover Sheet

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DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ NO. OF PAGES: \_\_\_\_\_  
(INCLUDING COVER SHEET)

TO: **Electronic Recording Delivery System Program**

NAME: \_\_\_\_\_

OFFICE: **DOJ/CJIS/ERDS**

LOCATION: **4949 Broadway, Room C217B, Sacramento CA**

FAX NO: **(916) 227-0595** PHONE: **(916) 227-8907**

### FROM:

NAME: \_\_\_\_\_

OFFICE: \_\_\_\_\_

LOCATION: \_\_\_\_\_

FAX NO: \_\_\_\_\_ PHONE: \_\_\_\_\_

### MESSAGE/INSTRUCTIONS

The County of \_\_\_\_\_ hereby notifies the ERDS Program that a reportable incident of safety/security violation has occurred on \_\_\_\_\_. (Refer to the California Code of Regulations Title 11, Division 1, Chapter 18, Article 9, section 999.220.)

A detailed incident report and a Modified System Incident Audit report shall be submitted to the ERDS Program, Computer Security Auditor, District Attorney(s), and the Board of Supervisors, within ten business days of the incident(s) date.

By this notification, it is understood that the ERDS Program reserves the right to investigate all reported security/safety violations and take any action deemed appropriate and/or necessary to protect the security and stability of the ERDS.

\_\_\_\_\_  
(County Recorder Signature)

\_\_\_\_\_  
(Date)

**PLEASE DELIVER AS SOON AS POSSIBLE!**  
**FOR ASSISTANCE WITH THIS FAX, PLEASE CALL THE SENDER**